

Foster Family Home - Corrective Action Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-6

1712 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 3/4/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection for a 3 bed recertification made on 3/04/2019. Corrective action made report issued with a written plan of correction due to CTA by 4/04/19

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

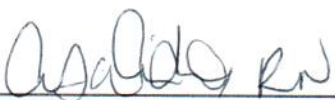
43.(c)(3) - NO RN delegation present to eye drops for Client #2 for all caregivers.

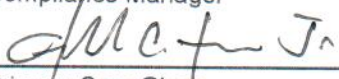
Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

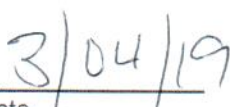
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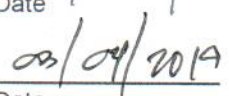
54.(c)(6) - No record of RN annual assessment for 2018 for client #2.



Compliance Manager


Primary Care Giver



Date


Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: ORLANDO RAMOS

CCFFH Address: 1712 KAMEHAMEHA III RD. HON. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.03	RN DELEGATION WAS DONE FOR CG#3, CG#2 & CG#1 BY CLIENT'S CMA. IT WAS PLACED INTO THE CLIENT'S RECORD	03/19/2019	HOME HAS DEVELOPED A CALENDAR IN THE FRONT OF THE PERSONAL PINDER WITH ALL DUE DATES.
54.06	OBTAINED NURSE ASSESSMENT THAT WAS DONE ON AUG. 13 2018	03/19/2019	WILL WORK CLOSELY W/ RN TO UPDATE AND MAINTAIN CLIENT'S CHART.

Primary Caregiver's Signature: _____

Orlando Ramos Jr.

Print Name: ORLANDO RAMOS JR.

Date of Signature: 03/19/2019